

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2002 8:00 am
Secretary of State

05-22-2002 90257 008 ****50.00

DOCUMENT # L99000007625

1. Entity Name

Speedy Locker, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11150 49th St N

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 271395

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

U.S.A

City & State

Corpus Christi, TX

Zip

U.S.A

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Basil K. Beck II

Street Address (P.O. Box Number is Not Acceptable)

11150 49th St N

City

Clearwater

FL

Zip Code

33762

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Basil K. Beck II

4-26-02

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEES \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Managing Member</u> <u>Basil K. Beck Jr</u> <u>11150 49th Street North</u> <u>Clearwater, FL 33762</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Managing Member</u> <u>Wendy A Beck</u> <u>11150 49th Street North</u> <u>Clearwater, FL 33762</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-26-02

727-542-1987